## 13031063704

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

2313 APR 29 AM 8: 30

						OFFICE COMMAIL CENTE
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	5
The Empo	pwerme	nt PAC I	nc		1 1 1 1 1	
ADDRESS (number an	nd street)	O Box 3	56			
(Check if ad is changed)		vingston		<u> </u>	NJ	7039
			СПҮ		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (PI	ease provide only	one e-mail ad	dress)		
(Check if		easurer(	<u>@emp</u>	owermentr	pac,org	
is change			بللل	<del></del>		
COMMITTEE'S WEB	PAGE ADDRES	S (URL)		·		
	· W		owern	nentpac.or	9	
(Check if a is changed						
2. DATE 07	15	2012			·	
3. FEC IDENTIFIC	ATION NUMBE	R C	0049	0250		
4. IS THIS STATEM	MENT   I	NEW (N) O	R 🗵	AMENDED (A)		
i certify that I have e	xamined this Sta	tement and to the	e best of my	knowledge and belief i	t is true, corre	ct and complete.
Type or Print Name of	of Treasurer	ra Goldb	erg			
Signature of Treasure	r Las	Molds	<u> </u>	·.	Date 0	4 22 2 2013
NOTE: Submission of 1		-	_	pject the person signing		to the penalties of 2 U.S.C. §437g.
Office Use				For further information of Federal Election Commiss		FEC FORM 1

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	F	EC Fo	rm 1 (Revised 02/2009)	Page 2		
5.			COMMITTEE			
		didate				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate : : : : : : : : : : : : : : : : : : :					
	Candi Party	idale Affiliati	ion Sought: House Senate President	itate		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Part	y Con	nmittee:			
	(d)			ocratic, olican, etc.) Party.		
	Polit	ical A	action Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:		
			Corporation Wo Capital Stock Lab	or Organization		
			Membership Organization Trade Association Coo	perative		
			In attldition, this committee is a Lobbyist/Registrant PAC.			
	<b>(f)</b>	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ited fund or party		
		_	In addition, this committee is a Lobbyist/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	t Fund	draising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a faderal candidate.	nore political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate.	nore political		
		Com	nmittees Participating in Joint Fundraiser			
		1.		- <del></del>		
		2.				
		3.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		4.				
		→.				

FEC FORM I (Revised	02/2009)	raye o				
Write or Type Committee Name						
The Empower	ment PAC Inc					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor				
None		<u> </u>				
Mailing Address						
•						
	CITY STAT	E ZIP CODE				
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor				
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of t	he person in possession of committee				
Full Name Brian	D. Goldberg					
Mailing Address	PO Box 356					
	Livingston NJ	J <u>07039</u> - L J J				
Title or Position	CITY STATE	ZIP CODE				
Chairperson	Telephone number	973,   -  937,   -  8252				
B. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comm assistant treasurer).	ittee; and the name and address of				
Full Name of Treasurer	Soldberg					
Mailing Address	PO Box 356					
	Livingston NJ					
Title or Position Treasurer	Telephone number	973 937 8252				

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	Full Name of Designated Agent  Ellen	Goldberg		
	Mailing Address	PO Box 356		
		Livingston city	STATE	07039
	Title or Position  Secretary	Telephone nu	mber <u>97</u>	39378252
9.	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which the commi	ttee deposits	funds, holds accounts, rents
	Name of Bank, Depository,	etc.		
	<sub>[</sub> TD <sub>,</sub> Β <sub>ε</sub>	ank, , , , , , , , , , , , , , , , , , ,		
	Mailing Address	16 Bethany Rd		
		[Hazlet	רלא	07730
		CITY	STATE	ZIP CODE
	Name of Bank, Depository,	etc.		
	ليبا		<u> </u>	
	Mailing Address			
	·	СПУ	STATE	ZIP CODE
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